

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11-30 2006

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 12441	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Milton Campbell P O Box Bldg Room No if any Street 740 Sandy Street City Norristown State Pennsylvania ZIP Code + 4 19401	4 Name file number and address of labor organization Name LIUNA Local Union #135 Labor Organization File Number 006-285 P O Box Building and Room Number if any Street 740 Sandy Street City Norristown State Pennsylvania ZIP Code + 4 19401
5 Position in labor organization President	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State Pennsylvania ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount
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Signature

16 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Milton Campbell
Pres

On

8-15-05
Date

610-275-4036
Telephone Number

Name of Person Filing <u>Milton Campbell</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name LDC Heavy & Highway Health & Welfare Fund

Trade Name, if any _____

P O Box Bldg Room No if any PO Box 37003

Street _____

City Philadelphia

State Pennsylvania ZIP Code + 4 19122

9 Business deals with

a Labor Organization

☒ b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name same _____

Trade Name if any _____

P O Box Bldg Room No if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11 a Nature of such dealing

I am a trustee of this Fund

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Reimbursement of airfare and expenses for my attendance at an educational conference held 11/30/04 12/04/04

12 b Amount

\$2 185

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name _____

Trade Name If any _____

P O Box Bldg Room No if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer

or Consultant ☐ ?

14 b. Amount of payment